

APPLICATION FOR TOWN BUSINESS, PROFESSIONAL AND/OR OCCUPATIONAL LICENSE

2010 Tax Year
Gross Receipts for calendar
year 2009

TOWN OF VIENNA, VIRGINIA

DEPARTMENT OF FINANCE
127 CENTER STREET, SOUTH
VIENNA, VIRGINIA 22180
(703) 255-6321

The BPOL will be made available in large
print or on audio cassette upon request.
TDD users dial 255-5735

ORD. SECTION	
DESCRIPTION	
RATE	
DATE BEGAN	

ACCOUNT #	
OCCUPANCY CERT. #	
2009 BL #	
SSN#	
FED#	
VA STATE SALES TAX #	

MAILING ADDRESS:

TRADE NAME
STREET/PO#
CITY/STATE/ZIP

OWNER'S NAME(S):
OR
CORPORATE NAME:
BUSINESS LOCATION
SUITE #
CITY/STATE/ZIP
TELEPHONE

PLEASE MAKE ANY CHANGES OR CORRECTIONS TO PREPRINTED INFORMATION ON WORKSHEET ENCLOSED

CALCULATION OF GROSS RECEIPT TAX

If you have ceased business: Date Ceased _____ 2009 Gross Receipts: \$ _____

Name/Address of Successor (If Any): _____

2009 GROSS RECEIPT TAX

Line a. If Worksheet Line 6 is \$50,000 or less, please enter \$30.00 on Line a and proceed to Line e. \$ _____

Line b. If Worksheet Line 6 is more than \$50,000, enter worksheet Line 6 amount
divided by 100 \$ _____

Line c. Appropriate rate (shown above or on rate chart) \$ _____

Line d. 2009 gross receipts tax (Line b. times Line c.) \$ _____

Line e. Flat fee license if applicable (see rate chart) \$ _____

Line f. Alcoholic beverage fee (see rate chart) ABC No. \$ _____

Line g. Mixed beverages (see rate chart) Seating capacity: \$ _____

Line h. TOTAL 2010 TAX DUE (Sum of Lines a,d,e,f,g.) \$30.00 minimum \$ _____

Line i. Add 10% penalty if filing after March 1, 2010 \$3.00 minimum \$ _____

Line j. Total 2010 TAX and PENALTY \$ _____

Line k. 10% PER ANNUM INTEREST ON TAX & PENALTY (.00833 x NUMBER OF MONTHS LATE x Line j.) \$ _____

Line l. Balance due from prior year \$ _____

Line m. TOTAL TO BE PAID TO TOWN OF VIENNA \$ _____

PLEASE ANSWER ALL QUESTIONS.

1. WHAT KIND OF ENTITY IS THIS BUSINESS? ☐ INDIVIDUAL ☐ GENERAL PARTNERSHIP ☐ CORPORATION ☐ LIMITED LIABILITY COMPANY
☐ LIMITED PARTNERSHIP

2. WHAT IS THE NAME AND PHONE NUMBER OF THE PERSON TO CONTACT REGARDING QUESTIONS THAT MAY ARISE PERTAINING
TO THIS APPLICATION? NAME: _____ PHONE () _____

3. DO YOU RENT OR LEASE THE BUSINESS PREMISES? () YES () NO

IF YES, FURNISH NAME AND ADDRESS OF LANDLORD OR LESSOR.

NAME: _____ ADDRESS: _____

AMOUNT OF ANNUAL RENT \$ _____

BUSINESS
LICENSE # _____
ABC - ON # _____
ABC - OFF # _____

MIXES
BEVERAGES # _____
VENDOR
STICKER # _____

RETURN THE FOLLOWING BY MARCH 1, 2010

- PAYMENT IN FULL
- ALL COPIES OF THIS FORM
- WORKSHEET
- RENTAL BY OWNERS: SUBMIT LIST OF RENTERS
- CONTRACTORS, BUILDERS & DEVELOPERS - VWC FORM 61A

LICENSE IS NOT TRANSFERABLE.

I declare that the statements and figures herein given are true,
complete, full and correct to the best of my knowledge and belief.

TOWN OF VIENNA TREASURER

SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE